



COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
APPEAL FROM BUILDING OFFICIAL'S DECISION

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Telephone: 502-573-0365
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PLEASE TYPE OR PRINT

NAME OF PROJECT _____

ADDRESS _____
(STREET, ROAD OR HIGHWAY) (CITY) (COUNTY)

APPEAL SUBMITTED BY _____ AGENT FOR _____
(OWNER)

ADDRESS _____ PH # _____ FAX # _____

THE PROJECT IS: ☐ NEW CONSTRUCTION ☐ ALTERATION OR RENOVATION ☐ ADDITION

DECISION BEING APPEALED: ☐ STATE BUILDING OFFICIAL ☐ LOCAL BUILDING OFFICIAL ☐ OTHER

PLANS REVIEWED BY _____
☐ STATE BUILDING OFFICIAL ☐ LOCAL BUILDING OFFICIAL ☐ OTHER

ISSUE BEING APPEALED _____
(CITE CODE PROVISIONS; BRIEFLY STATE FACTS BELOW)

(ATTACH ADDITIONAL TYPED OR PRINTED SHEETS IF NECESSARY)

WHY IS THE ABOVE DECISION BEING APPEALED _____

LIST PROPOSED ALTERNATIVES, IF ANY _____

STATUS OF PROJECT _____

(INDICATE URGENCY FOR A HEARING, IF NECESSARY)

OTHER COMMENTS, CORRESPONDENCE, INSPECTION REPORTS, EXHIBITS ATTACHED; ☐ YES ☐ NO

DATE RECEIVED BY COMMISSIONER

SIGNATURE OF APPELLANT _____ DATE _____

PLEASE NOTE: IF A HEARING IS SCHEDULED, SOMEONE MUST BE PRESENT TO REPRESENT THE OWNER OF THE PROPERTY OR THE MATTER SHALL NOT BE CONSIDERED NOR DECISION RENDERED BY THE APPEALS COMMITTEE.

